| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Patty DeGood 616-877-3717 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Eclipse Tool & Die inc. 4713 Circuit CT Wayland, MI 49348 | | | | A183877 | -7 09/20/ | 04 05:00 P | |
|--|---|---|--|-------------|---------------------------|------------|--|
| 1. DEBTOR'S EXACT F | | insertonly <u>one</u> debtorname (12 or 1b) | | SPACE IS FO | OR FILING OFFICE US | SE ONLY | |
| CRESIVE DIE | E AND TOOL | . INC. | | | | | |
| OR 15. INDIVIDUAL'SLAST | NAME | 2 | FIRST NAME | MIDDLE NAME | | SUFFIX | |
| 1c. MAILING ADDRESS | | · · · · · · · · · · · · · · · · · · · | GTY . | STATE | IPOSTAL CODE | COUNTRY | |
| 905 WOODLAND | מחת ב | | SALINE | MI | 48176 | COOKINI | |
| 1d SEE INSTRUCTIONS | | 1e. TYPE OF ORGANIZATION INCORPORATION | 11. JURISDICTION OF ORGANIZATION MICHIGAN | | ANIZATIONAL ID #, if any | , Noni | |
| 2. ADDITIONAL DEBTO | R'S EXACT FULL | | obtor name (2a or 2b) - do not abbreviate or com | semen enic | | | |
| OR 26. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | | SUFFIX | | |
| 2c MAILING ADDRESS | · · · · · · · · · · · · · · · · · · · | | CITY | STATE | POSTAL CODE | COUNTRY | |
| 2d. SEEINSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 2e, TYPE OF ORGANIZATION | 21. JURISDICTION OF ORGANIZATION | 2g. ORG | SANIZATIONAL ID #, if any | , | |
| 3. SECURED PARTY'S | | OTAL ASSIGNEE of ASSIGNOR S/P) |) - insert only <u>one</u> secured party name (3a or 3b) | | | | |
| Eclipse Tool & | | | | | | | |
| OR 3b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | MIDDLE | NAME | SUFFIX | |
| 3c. MAILING ADDRESS | | | ary | STATE | POSTAL CODE | COUNTRY | |
| 4713 Circuit CT | | | • | 1 | | | |

Progressive Die Complete for P/N 22209497, Eclipse Tool & Die inc. Job No. 6167; all attachments, accessions, fittings, increases, tools, parts, repairs, supplies, engineering changes, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any of the foregoing property.

| 5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR | CONSIGNEE/CONSIGNOR BAILEE/BAIL | LOR SELLER/BUYER | AG. LIEN NON-UCC FILING |
|---|---------------------------------------|-----------------------------------|------------------------------|
| This FINANCING STATEMENT is to be filed [for record] (or recorded) is ESTATE RECORDS. Attach Addendum | n the REAL 7. Check to REQUEST SEARCH | REPORT(S) on Debtor(s) [optional] | Il Debtors Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | | | |
| PO# | | | |

| TERMINATION. Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is cardinued for the additional period provided by applicable law. ASSIGNMENT (full or partia) Give name of assignes in term 7a or 7b and address of assignes in item 7c, and also give name of assignor in item 8. AMENDMENT (full or partia) Give name of assignes in term 7a or 7b and address of assignes in item 7c, and also give name of assignor in item 8. AMENDMENT (full or partia) Give name of assignes in term 8a and/or 7. CHANGE rame architractions: Please refore to the debate distinctions of a control of the following three boxes and provide appropriate information in terms 6 and/or 7. CHANGE rame architractions: Please refore to the debate distinctions of the following three boxes and provide appropriate information in terms 6a or 6b. CURRENT RECORC INFORMATION: CURRENT RECORC INFORMATION: 6a. DROANIZATION SHAME CRESIVE DIE AND TOOL, INC. 6b. RIDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX SALINE. MIDDLE NAME SUFFIX SALINE. MIDDLE NAME SUFFIX SIATE POSIAL CODE COUNTRY OF WOODLAND DR. E. SALINE. MIDDLE NAME To, ORGANIZATION To | CC FINANCING LLOW INSTRUCTIONS NAME & PHONE OF CO Patity DeGood 616 SEND ACKNOWLEDGE Eclipse Tool 4713 Circuit Wayland, M | (front and back) NTACT AT FILE -877-3717 MENT TO: (Name & Die inc. CT | R [optional] | | | 14007-3 | 06/24/0 | 5 05:00 PM |
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